

If you want a copy of the Notice of Privacy Practices, which is about your Medi-Cal privacy rights, call (916) 445-4646.

Si desea una copia del Aviso de Prácticas de Privacidad, que trata sobre sus derechos de privacidad en Medi-Cal, llame al (916) 445-4646. (Spanish)

إذا كنت ترغب بالحصول على نسخة من الإشعار بالممارسات المتعلقة بالخصوصية والمتعلقة بحقوق خصوصية الميدي كال Medi-Cal اتصل بالرقم -255 (916).
(Arabic) 5259

Եթե դուք ցանկանում եք ստանալ Մասնավոր Կիրառությունների հայատարարությունը, որը ձեր Medi-Cal իրավունքների մասին է, ապա կարող եք զանգահարել (916) 445-4646.
(Armenian)

實行保護私隱的通知說明有關你 Medi-Cal 私隱的權利。如果你想要得到此通知的復印件，請致電 (916) 445-4646。(Cantonese)

如果您希望索取一份介紹您的 Medi-Cal 隱私權的「隱私權管理方法通知」副本，請電 (916) 445-4646。(Traditional Chinese)

Medi-Cal اگر مایل هستید يك كپی از اطلاعاته موارد خصوصي را كه در مورد حقوق خصوصي نگاه داشتن اطلاعات است را دریافت كنید با شماره تلفن ۵۲۵۹-۲۵۵-۹۱۶ تماس بگیرید. (Farsi)

Yog koj xav tau ib daim ntawv qhia txog kev xyaum tiv thaiv tus kheej, uas yog hais txog txoj cai siv daim ntawv kho mob (Medi-Cal) rau koj tus kheej, hu rau (916) 445-4646. (Hmong)

ប្រសិនបើលោកអ្នកចង់ទទួលបានការព័ត៌មានអំពីប្រកាសនៃ រាបរួនដំណើរការអនុវត្តន៍លើកសិទ្ធិផ្ទាល់ខ្លួនស្តីអំពីសិទ្ធិលើ នៃ Medi-Cal របស់លោកអ្នកជាភាសាខ្មែរសូមហៅទៅលេខ (៩១៦) ២៥៥-៥២៥៩។ (Khmer)

Medi-Cal 개인 정보 보호권에 관한 개인 정보 보호 관행 통지문의 사본을 원하시면 (916) 445-4646 로 전화하십시오. (Korean)

Если Вы хотите получить экземпляр *Уведомления о порядке обращения с личной информацией*, в котором описываются Ваши права на неприкосновенность частной жизни в рамках программы Medi-Cal, позвоните по телефону (916) 445-4646. (Russian)

Kung nais ninyo ng kopya ng Patalastas Tungkol sa Mga Patakaran sa Kalihiman, na nauukol sa inyong mga karapatan sa kalihiman sa Medi-Cal, tumawag sa (916) 445-4646. (Tagalog)

Nếu quý vị muốn có một bản Thông Báo về Cách Giữ Thông Tin Riêng Tư, nói về quyền riêng tư của quý vị đối với Medi-Cal, xin gọi số (916) 445-4646. (Vietnamese)

◀◀ IMPORTANT ▶▶

MEDI-CAL DOES NOT HAVE FULL COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, DENTIST, CLINIC, OR HEALTH PLAN. IF YOU ARE IN A MANAGED CARE PLAN, THAT PLAN MAY HAVE INFORMATION ABOUT BILLS PAID FOR YOU AFTER YOU JOINED THE PLAN. PLEASE CONTACT THE MANAGED CARE PLAN TO LOOK AT OR GET A COPY OF THESE BILLS.

HOW DO I ASK ABOUT MY PRIVACY RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

Privacy Officer
CA Department of Health Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 or (877) 735-2929 TTY/TDD

HOW DO I COMPLAIN?

If you think that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

Privacy Officer
CA Department of Health Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 or (877) 735-2929 TTY/TDD

or

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102

(800) 368-1019

NO RETALIATION

Medi-Cal cannot take away your health care benefits or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

QUESTIONS

If you have any questions about this Notice and want more information, please contact the Privacy Officer, Department of Health Services, listed above.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed above.

California Department of Health Services



BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

NOTICE of PRIVACY PRACTICES

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

You are receiving this Notice because you are enrolled into the Breast and Cervical Cancer Treatment Program
PLEASE REVIEW IT CAREFULLY.

PUB. 391



PRIVACY AND YOU

The Breast and Cervical Cancer Treatment Program (BCCTP) must keep your health information private. We get information about you when you apply for services, when contact is made between BCCTP, doctors and clinics regarding your BCCTP eligibility. We may get medical information on your treatment before and after your BCCTP application is approved. We must give you this Notice to explain your Privacy Rights.

CHANGES TO NOTICE OF PRIVACY PRACTICES

Medi-Cal must obey the rules in this Notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to all people that get Medi-Cal.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The Medi-Cal program must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had, and your medical records. Any information shared must be for a reason related to the administration of the Medi-Cal program. Such reasons include:

- To approve eligibility and medical and dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for Medi-Cal health care
- To investigate or prosecute Medi-Cal cases (like fraud)

If you receive mental health or drug and alcohol benefits, or services for the developmentally disabled, or if you have been diagnosed with HIV, there are special laws that protect information about you. Medi-Cal will obey these laws.

WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION

1. **For treatment:** Medi-Cal may need to approve before you see a doctor, dentist, clinic or other health care provider. We will share information with necessary providers to make sure you get the care you need.
2. **For payment:** When Medi-Cal pays your health care bills, we share information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups who pay the bills.
3. **For health care operations:** We may use your health records to check the quality of the health care you get. We may also use them in audits, fraud and abuse programs, planning, and managing the Medi-Cal program.
4. **For health notices:** We may send you notices about free health exams, food programs, and other topics.
5. **For legal reasons:** We may give your information to a court, investigator, or lawyer in cases about Medi-Cal. This may be about fraud or abuse, or to get back money from others that should pay your Medi-Cal bills, or other issues related to the Medi-Cal program. If a court orders us to give out your information, we will do so.
6. **For appeals:** You or your health care provider may appeal Medi-Cal decisions made about your health care services. Your health information may be used to decide these appeals.
7. **For eligibility:** We may share your information with federal, state, and local agencies when you apply for Medi-Cal to verify eligibility, and for other purposes related to the administration of the Medi-Cal program. This includes checking with INS on the immigration status of only those persons seeking full scope Medi-Cal benefits. Federal law says the INS cannot use the information for anything else except in cases of fraud.

WRITTEN PERMISSION

Medi-Cal may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

WHAT ARE MY PRIVACY RIGHTS?

You have a right to:

- Ask us not to use or share your Medi-Cal information in the ways listed above. We may not be able to agree to your request.
- Ask us to contact you in writing only, at a different address, post office box, or by telephone only. We will accept reasonable requests if needed for your safety.
- Look at and get a copy of your Medi-Cal information. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your Medi-Cal eligibility, your health care bills, and some medical records. To get a copy of your records, ask us to send you a form to fill out. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing parts of your records when allowed by law.
- Ask to change information in your records if it is not correct or complete. We may decline to change the information if Medi-Cal did not create or keep it, or if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your Medi-Cal records.
- Ask us for information shared about you for reasons other than treatment, payment, or Medi-Cal operations. You may ask for a list of whom we shared your information with, when, why, and what information was shared. The list will start on April 14, 2003.
- Ask for a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: www.dhs.ca.gov.

If you want a copy of the Notice of Privacy Practices, which is about your Medi-Cal privacy rights, call (916) 445-4646.

Si desea una copia del Aviso de Prácticas de Privacidad, que trata sobre sus derechos de privacidad en Medi-Cal, llame al (916) 445-4646. (Spanish)

إذا كنت ترغب بالحصول على نسخة من الإشعار بالممارسات المتعلقة بالخصوصية والمتعلقة بحقوق خصوصية الميدي كال Medi-Cal اتصل بالرقم -255 (916).
(Arabic) 5259

Եթե դուք ցանկանում եք ստանալ Մասնավոր Կիրառությունների հայատարարությունը, որը ձեր Medi-Cal իրավունքների մասին է, ապա կարող եք զանգահարել (916) 445-4646.
(Armenian)

實行保護私隱的通知說明有關你 Medi-Cal 私隱的權利。如果你想要得到此通知的復印件，請致電 (916) 445-4646。(Cantonese)

如果您希望索取一份介紹您的 Medi-Cal 隱私權的「隱私權管理方法通知」副本，請電 (916) 445-4646。(Traditional Chinese)

Medi-Cal اگر مایل هستيد يك كپي از اطلاعاتيه موارد خصوصي را كه در مورد حقوق خصوصي نگاه داشتن اطلاعات است را دريافت كنيد با شماره تلفن ۹۱۶-۲۵۵-۵۲۵۹ تماس بگيريد. (Farsi)

Yog koj xav tau ib daim ntawv qhia txog kev xyaum tiv thaiv tus kheej, uas yog hais txog txoj cai siv daim ntawv kho mob (Medi-Cal) rau koj tus kheej, hu rau (916) 445-4646. (Hmong)

ប្រសិនបើលោកអ្នកចង់ទទួលបានការព័ត៌មានអំពីសេចក្តីប្រកាសជំរាបជូនដំណឹងអំពីការអនុវត្តន៍លើកសិទ្ធិផ្ទាល់ខ្លួនស្តីអំពីសិទ្ធិលើ ឯកសារ Medi-Cal របស់លោកអ្នកជាភាសាខ្មែរសូមហៅទៅលេខ (៩១៦) ២៥៥-៥២៥៩ (Khmer)

Medi-Cal 개인 정보 보호권에 관한 개인 정보 보호 관행 통지문의 사본을 원하시면 (916) 445-4646 로 전화하십시오. (Korean)

Если Вы хотите получить экземпляр Уведомления о порядке обращения с личной информацией, в котором описываются Ваши права на неприкосновенность частной жизни в рамках программы Medi-Cal, позвоните по телефону (916) 445-4646. (Russian)

Kung nais ninyo ng kopya ng Patalastas Tungkol sa Mga Patakaran sa Kalihiman, na nauukol sa inyong mga karapatan sa kalihiman sa Medi-Cal, tumawag sa (916) 445-4646. (Tagalog)

Nếu quý vị muốn có một bản Thông Báo về Cách Giữ Thông Tin Riêng Tư, nói về quyền riêng tư của quý vị đối với Medi-Cal, xin gọi số (916) 445-4646. (Vietnamese)

